Jim Doyle Governor

Roberta Gassman Secretary



State of Wisconsin Department of Workforce Development

WORKER'S COMPENSATION

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Madison, WI 53707-7901

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Fax: (608) 267-0394 http://www.dwd.state.wi.us/wc/ e-mail: dwddwc@dwd.state.wi.us

February 21, 2003

INSURER STREET CITY STATE ZIP

WC CLAIM NO: 8888-88888 INJURY DATE: 09/16/93

EMPLOYEE: SIMPLE. SAMPLE

EMPLOYER: EMPLOYER UNKNOWN

INSURER NO: xyz

IF YOU CALL OR WRITE US PLEASE USE WC CLAIM NO.

Your response to our request for submission of a final supplemental report, WKC-13, is overdue. Please submit this report immediately.

In accordance with DWD 80.02(2) (e) 4 of the Wisconsin Administrative Code, the final supplemental report was due within 30 days of the date of final payment on this claim. Please submit a WKC-13 showing all dates of disability, the amounts paid for each period and the date of final payment.

Because of your failure to reply to prior requests for this report, this matter is also referred as a complaint to the Office of the Commissioner of Insurance for further action and assistance in obtaining this required report. Wisconsin Statutes 102.31(3) provides the Department may require an insurer to answer correspondence within 30 days. Any insurance carrier who refuses or fails to answer correspondence may be subject to enforcement proceedings under Wisconsin Statutes 601.64.

To electronically submit this report, find out what other reports are overdue and avoid forfeitures and referrals to the Commissioner's office in the future go to the Insurer's Pending Reports on the Worker's Compensation website at:

http://www.dwd.state.wi.us/wc/insurance/pending rpts.htm

Department of Workforce Development Worker's Compensation Division

cc: Office of the Commissioner of Insurance

WKC-13572-E (N. 02/2003) OCI86A